

FILED MAY 3 1944

Registration District No. 300

Primary Registration District No. 6225

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Kernon
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 mo 5 days
(Specify whether
In this community... years, months or days)

3. (a) PRINT FULL NAME JUSTIN PERKINS WARE

3. (b) If veteran, name war... 3. (c) Social Security No...

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emmie Ware 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased Aug 17 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 3 If less than one day hr. min.

9. Birthplace Brownville Ill (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Thomas Ware

13. Birthplace Ill (City, town, or county) (State or foreign country)

14. Maiden name Mary Stewart

15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emmie Ware

(b) Address Nevada Mo

17. (a) Burial Date of 4-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reformed Amet

18. (a) Signature of funeral director Fred J. Brown

(b) Address Nevada Mo

19. (a) 4-21-44 (b) Hazel B. Bewick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Turner
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. Rt N # 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1943 to Apr 20, 1944
that I last saw him alive on Apr 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency Duration 6 mo
Senile Phleaxis 6 mo

Due to...

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations...

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (d) Means of injury

23. Signature R. B. Bewick (M. D. or other)

Address Nevada Mo Date signed 4/20/44

AUG 18 1947

SEP 3 1947

RECEIVED

District Health Officer No. 7.

District File Number

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

L. B. Feng

Licensed Embalmer No. 1760

P.O. Address Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.